



CBHC

Colorado Behavioral
Healthcare CouncilOctober 4th, 2016

Representative Jonathan Singer, Chair
Senator Beth Martinez-Humenik, Vice Chair
Representative Pete Lee
Representative Stephen Humphrey
Senator Laura Woods
Senator Linda Newell

Re: Public Testimony on MICJS Draft Bills for Consideration on 10/5/2016

Honorable Members of the MICJS Legislative Oversight Committee:

Since 1967, the Colorado Behavioral Healthcare Council (CBHC) has been the membership organization for Colorado's community behavioral health system. Our membership includes the statewide network of community mental health centers (CMHCs), behavioral health organizations (BHOs), and managed service organizations (MSOs), as well as two specialty clinics serving Latino and Asian Pacific populations. Our mission is to work with policymakers and community leaders to enhance the behavioral health system and improve the health, wellness, and safety of all Coloradans.

To that end, CBHC has a long history of involvement in and support of the MICJS Task Force. Currently, we have two member representatives on the task force in Harriet Hall, CEO of Jefferson Center for Mental Health (and former MICJS Chair), and Fernando Martinez, CEO of San Luis Behavioral Health Group. We also commit staff time to attending the MICJS Task Force and offer our expertise and perspective when called upon.

Unfortunately, due to scheduling conflicts, neither CBHC nor our MICJS member representatives will be able to attend the October 5th meeting to provide testimony or comment on the six bill drafts being considered. Respectfully, we submit the following comments in lieu of spoken testimony at tomorrow's hearing:

Bill 1: Staffing Task Force Mental Illness Justice Systems

CBHC recognizes the tremendous workload involved in coordinating the MICJS Task Force and its various workgroups and Oversight Committees. We support the concept of more staff support to extend the excellent work of the existing Legislative Council staff assigned to the MICJS Task Force.

Bill 2: Medication Mental Illness in Justice Systems

Among the six bills being considered by the Committee, this draft is particularly complex. CBHC and members have participated in many of the stakeholder groups convened on medication consistency and information sharing and, while we're supportive of both concepts, there is some concern that this is moving too quickly into bill form, when there may be other alternatives for collaboration and agreement. Providers have shared concerns about duplicate data entry and unreimbursed cost of implementing a data sharing system. CBHC believes these concerns to be valid with new data systems being proposed or implemented in multiple state departments and changes to existing data systems and security being an expensive and often unreimbursed cost. We suggest the committee and bill sponsors consider a mechanism for studying the cost of implementation that providers and other stakeholders may incur with the proposed requirements. Perhaps this information could be collected and analyzed by CDHS in the required report to the Health committee? We'd also support language to require that the data information sharing system be built off of, or integrated with, existing data systems.

Bill 3: Competency Restoration Services and Education

Members of CBHC have generally provided positive feedback on the concepts included in this bill. We do not have specific recommendations or amendments for this draft at this time.

Bill 4: Assistance to Released Mentally Ill Offenders

Regarding this bill, we would like to provide feedback regarding the eligibility criteria for the proposed program, which is listed in article 70 Section 2, page six, lines 1 – 13. We believe that limiting access to these programs to only individuals who are being released from the Department of Corrections or jails is restrictive and does not align with the current movement of research and programming that supports increasing resources for diversion of individuals with mental illness from the criminal justice system. We propose adding another category of eligibility in said section that allows individuals who have been engaged by a diversion program, such as a co-responder team or specialty courts, to become eligible for the proposed program upon demonstration of high criminogenic risk. Risk may be assessed by diversion-program measures, community documentation (such as high police contact or 911 calls), or a formal assessment (i.e., the LS-RNR which is an evidence-based tool to assess for criminogenic risk). We believe that limiting eligibility to only re-entry will increase future barrier to implementing successful diversion programs which have consistently demonstrated higher positive outcomes and cross-systemic cost-avoidance as compared to programs in later intercepts of the Sequential Intercept Model. We look forward to working with the bill sponsors to discuss these ideas in more detail.

Bill 5: Remove Juveniles from Sex Offender Registry

CBHC offers no comment at this time.

Bill 6: Remove Child Offenders from Sex Offender Registry

CBHC offers no comment at this time.

As mentioned, CBHC has been working to gather feedback from members on all six bill drafts. Although we have received some comments to the bills on which we asked them to focus, we do not believe we've had sufficient time to fully vet each bill to our full ability. Because of this, we will continue to seek feedback from members on any of the bills that move forward once the hearing concludes. We commit to working with bill sponsors and stakeholders to ensure that our feedback and any specific recommendations or amendments are offered as early in the process as possible.

On behalf of CBHC and our members, we wish to thank the members of the MICJS Legislative Oversight Committee for considering our comments and feedback and we are happy to follow up with any questions you may have. Questions or comments can be directed to Frank Cornelia, Director of Government & Community Relations, at 720-573-3971 or at fcornelia@cbhc.org.

Sincerely,



Doyle Forrestal
CEO
Colorado Behavioral Healthcare Council